

STATE OF WISCONSIN
DEPARTMENT OF NATURAL
RESOURCES

Dear Water System Owner:

For over a half a century, Wisconsin's private and noncommunity water systems have been regulated by the State Well Code, Chapter NR 812. Our good water is due in large part to cooperation of licensed well drillers and pump installers and to conscientious well owners who want to assure safe water for themselves and their families.

Unfortunately many older wells and pumps do not meet the minimum requirements of the Code because of age, vandalism, tinkering or because the well was not initially constructed properly. Now is the time to bring your water system into compliance.

Licensed pump installers and well drillers are aware of State Well Code requirements. When licensed installers and drillers work on your water system, they are required to upgrade any deficient features they work on. For example, if the unprotected buried suction line from the well to the house is leaking and needs repair, it must be replaced with a pressurized line. If you refuse to authorize necessary upgrading, then the contractor is prohibited by law from making any repairs whatsoever.

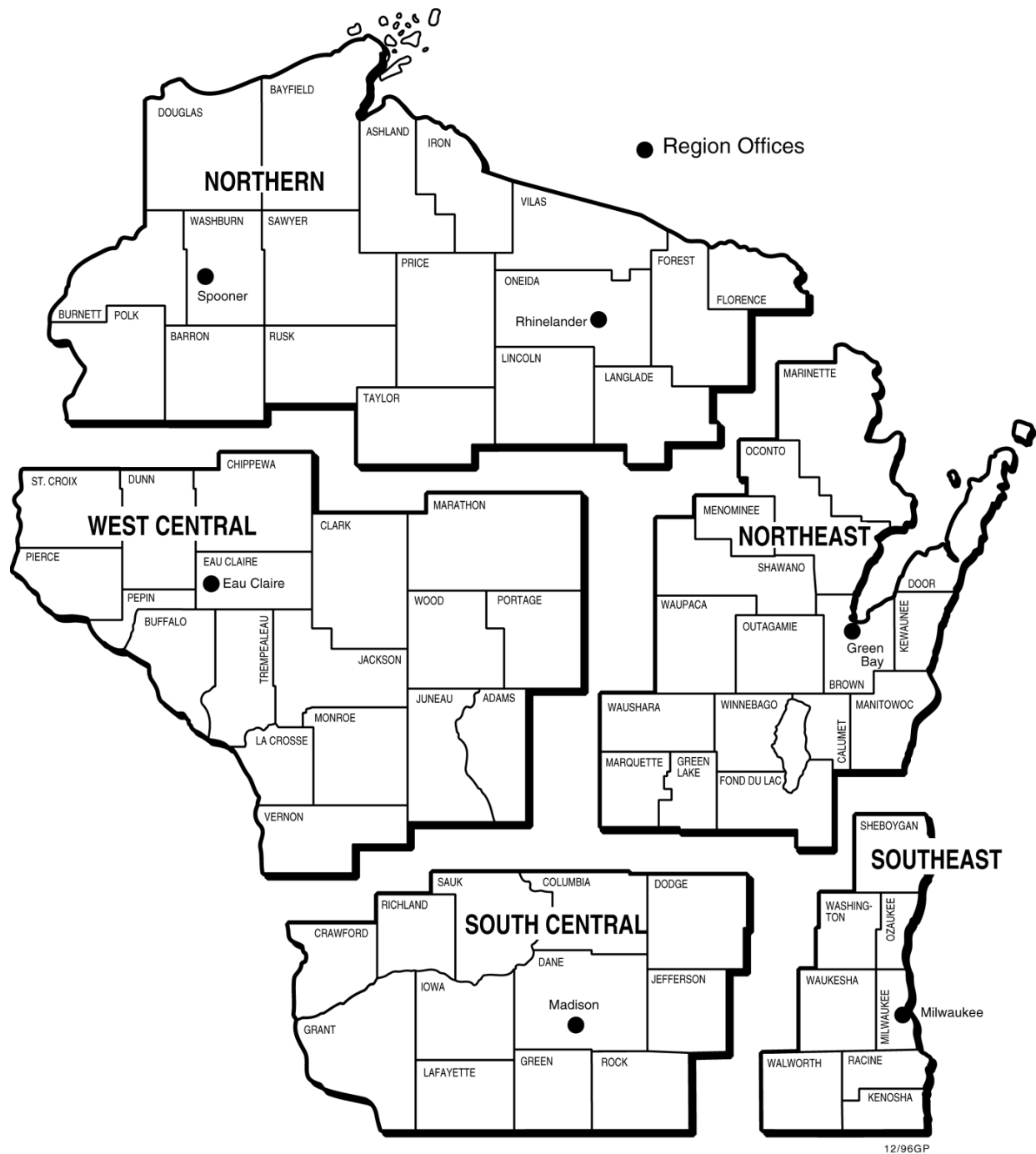
Well drillers and pump installers must also inform you in writing on the attached Department form of other apparent and known non-complying features of your water system. If you do not have these other non-complying features upgraded when work is done on your system, either you or the licensed installer must send a copy of the notice to the Department of Natural Resources. For some types of non-compliance, the Department has asked the driller or installer to inform us directly. By signing the enclosed form, you agree to complete the upgrading work within 6 months. The Department may set shorter deadlines in cases of imminent health hazards. The contractor who ultimately does the upgrading need not be the same one who did the initial repair.

The failure of a contractor to comply with the Department rules concerning upgrading can result in penalties, including suspension or revocation of their license.

If you have any questions, please contact the local DNR office listed on the reverse side of this sheet.

Sincerely,

Private Water Systems Section
Bureau of Drinking Water and Groundwater



12/96GP

Region Offices of the Drinking Water and Groundwater Program

NORTHERN REGION

Department of Natural Resources
810 W. Maple Street
Spooner, WI 54801
(715) 635-2101

Department of Natural Resources
107 Sutliff Ave.
Rhinelander, WI 54501
(715) 365-8900

WEST CENTRAL REGION

Department of Natural Resources
1300 W. Clairemont Ave.
P.O. Box 4001
Eau Claire, WI 54702-4001
(715) 839-3700

NORTHEAST REGION

Department of Natural Resources
1789 Shawano Ave.
P.O. Box 10448
Green Bay, WI 54307-0448
(414) 492-5885

SOUTHEAST REGION

Department of Natural Resources
4041 N. Richards St.
P.O. Box 12436
Milwaukee, WI 53212
(414) 229-0800

SOUTH CENTRAL REGION

Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg, WI 53711
(608) 275-3266

NONCOMPLYING WATER SYSTEM FEATURES

ss. 280.11 and 281.19(1), Wis. Stats.
Form 3300-84B (R 1/01)

This form is authorized by chs. 280 and 281, Wis. Stats., and ch. NR 812, Wis. Adm. Code. Completion and submittal of this report is required by s. NR 812.04(2), Wis. Adm. Code, when any feature of a well is present which does not comply with any provision of ch. NR 812, Wis. Adm. Code. Failure to submit a completed form to the Department, when required, is punishable by a forfeiture of not less than \$10 or more than \$5,000; or by a fine of not less than \$10 or more than \$100 or imprisonment not less than 30 days, or both. Each day of continued violation is a separate offense pursuant to ss. 281.98 and 299.97, Wis. Stats. NOTE: Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

Please print using ink

Name of Water System Owner or Operator	Well Location		
Mailing Address	Township, City or Village of	County	
	Grid of Street Address or Road Name and Number (if available)		
City, State, Zip Code	Subdivision Name	Lot #	Block #
Telephone Number (if known)	Gov't Lot# _____ or _____ 1/4 of the _____ 1/4 of		
Well serves _____ # of homes and/or _____ (ex: barn, restaurant, church, school, industry, etc.)	Section _____; T _____ N; R _____ <input type="checkbox"/> E <input type="checkbox"/> W		

Noncomplying features of the water system that were not upgraded when the system was repaired

(☒ box(es) below and/or describe)

- ☐ Unprotected Buried Suction Line _____
- ☐ NonComplying Pit or Alcove _____
- ☐ Basement Well Location _____
- ☐ Stovepipe Casing _____
- ☐ NonComplying Dug Well _____
- ☐ Improper Seal or Cap _____
- ☐ Poor Casing Condition _____
- ☐ Shallow Casing Depth _____
- ☐ Well is Subject to Flooding _____
- ☐ Unabandoned Well On Property _____
- ☐ Well Tests Unsafe _____
- ☐ Improper Sampling Faucet _____
- ☐ Well Too Close to (list below) _____

I, the undersigned Well Driller or Pump Installer, certify that this system is being repaired without correction of all noncomplying features as summarized above.

Wisconsin Licensed Well Driller or Pump Installer

License Number

Date Signed

I, as the undersigned water system owner or user, understand that this water system, in the opinion of the above signed licensed well or pump contractor, does not comply with the State Well Code and may pose a sanitary hazard if uncorrected.

I also understand that I must provide a copy of this notice to the Department of Natural Resources if the Well Driller or Pump installer has not already done so.

I further recognize that the correction of any noncomplying features is my responsibility and agree to bring these into compliance with the State requirements within six (6) months. I understand the Department may impose a shorter deadline, if the deficiencies are deemed an imminent health hazard. I reserve the right to have the work done by any Wisconsin licensed well or pump contractor of my choice, or by myself as provided by law on property I own and occupy

Water System Owner or Operator's Signature

Date Signed